
When Children Witness Domestic Violence

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Children who grow up in violent homes do not necessarily become violent parents later on. Some children remain asymptomatic. However, the majority are behaviorally disordered and others suffer from PTSD, grief reactions and separation anxiety. Children who themselves are not abused are not likely to be identified and appropriately treated.

Historical

Violence against wife and child was legal in this country and in England until the early part of this century. Under the doctrine of patria potestas, family members were the property of the father, and he had every right to discipline them in most any manner he saw fit. However, some limits were recognized: the *Rule of Thumb* law permitted a husband to beat his wife with a stick no larger than the circumference of his thumb. In some towns husbands were prohibited from beating their wives after 10 pm or on Sunday.¹

Incidence

Recent studies^{2,3} indicate that at least one in five women patients in a primary care setting have experienced domestic violence in their adult life and at least 1 in 20 have experienced it in the past year. Yet these patients rarely report being abused to their physicians. Women who are subject to abuse are likely to be under age 35 and separated or divorced. As a group, they have many problems including suicide attempts, drug abuse, anxiety, depression, and somatic concerns but they are not more likely to be hospitalized for psychiatric treatment. Less is known about the (usually male) abusers or the kinds of interpersonal issues that foster family violence. However, the level of violence can be predicted by the amount of couples' conflict about child-rearing and the social support available to the men.^{4,5}

The majority of children who witness abuse themselves have been abused,⁶ making it difficult to tease apart the effect of witnessing abuse from the effect of experiencing it. In addition, children living in cities are frequently exposed to out-of-home violence. For instance, children witness 10 to 20% of the 8,000 to 16,000 murders committed each year.⁷ Martinez interviewed 165 6-10 year old, low income children living in Washington, DC. He found that 19% of the younger children and 32% of the older children had been shot, stabbed, mugged, chased, or threatened or had witnessed these events. Six percent of the boys had been shot and 23% had been mugged at least once.⁸ Parents were usually unaware of the extent of this violence. In general, studies of the effect of domestic violence on children have not been controlled for subjects' exposure to violence outside the home.

Effect on Child

The good news is that children who are reared in violent homes do not necessarily become violent parents later on. There is little

evidence to support the claim that abuse begets abuse.⁹ One-third will grow up to follow a pattern of inept, abusive, or neglectful parenting and one-third will not. The remaining third could go either way, depending on circumstance and social stress.¹⁰ The bad news is that more than half of children reared in violent homes demonstrate severe behavioral problems and below average social competence. When given the choice, they tend to choose aggressive solutions to problems.¹¹ In adolescence they are likely to engage in high risk behaviors such as drug use, run away, and promiscuity.¹²

Preschool children react differently than school age children. Even after considerable exposure to violence, they may appear asymptomatic¹³ or develop only non-specific symptoms of irritability or depression. However, 4 to 6 year old youngsters from violent homes react quickly and fearfully to scenes of confrontation when they engage in structured doll play.⁴ They try to deny aggressive content or they appear disinterested and decide to stop playing. This suggests significant levels of dysphoria below the surface.

Children reared in violent households tend to identify with either the victim or the aggressor. Children who identify with the victim may become self-punitive, scratching or biting themselves.¹⁴ They often think they caused the fight and should have been able to stop it. Those who identify with the aggressor express violent themes in play, wiping out less powerful figures. In real life they often are characterized as bullies. Identification with the aggressor may be the reason why child witnesses to violence are apt to be violent toward siblings¹⁵ and why, after the abuser is gone, some children will begin to swear and lash out at the non-abusive parent.

One-quarter to one-half of children are hurt as bystanders when violence erupts or when they attempt to intervene in the struggle. In part, this is related to the fact that the parents have usually been arguing about how to raise the children.^{4,14} Girls and boys react differently to domestic violence. Girls are more likely to whimper and cling to the abused parent while boys are more likely to disobey or lash out impulsively. Either of these reactions can further enrage the abusing parent and place the child at risk for abuse. Children of both genders find it easier to describe the violence than talk about how they feel about it.

Less than half of older children exposed to moderate-to-severe trauma will develop symptoms of PTSD, and many of these will recover without residual symptoms. The outcome depends on the child's resilience, family support, severity of the trauma, and the child's closeness to and perception of the event. By and large, symptoms of PTSD are the same in children as they are in adults, including intrusive thoughts, nightmares, increased arousal, restricted range of affect, and sense of foreshortened future. Differences seem related to developmental level. Children are more likely than adults to regress by wetting the bed, sucking the thumb, or using baby-talk. Children's nightmares are less clearly related to the

actual event. Children play out their anxiety, recreating the traumatic event again and again. This is called repetitive play.¹⁶ Seven-year old Marty had seen his father punch his mother in the face and fracture her nose. Weeks later, he began to play a favorite game. He would take his sister's Barbie doll and swing its head against the door jam. Then he would wash the doll's face and carefully brush the hair back into a pony tail, saying all the while, "Now you're OK." Repetitive play indicates the need for psychiatric treatment. Without treatment, the child continues to compulsively replay the trauma for years without understanding the connection to actual events.

Less frequently considered than PTSD, but no less important, are grief reactions and separation anxiety symptoms.¹⁷ If the abusive parent has had a caring relationship, the children can be expected to grieve if there is a separation. This grief is rarely recognized as society views the children as lucky to be out of a bad situation. Separation issues are prominent in instances where one parent has been murdered and the other has disappeared or committed suicide. Young children may have been left alone with a parent's body all night, frightened and unable to summon help. As sole witnesses to the crime, they may be subject to intense interrogation by the police.

Domestic Violence Candlelight Vigils

Each year during October—National Domestic Violence Awareness Month—we mourn those lives we lost as a result of partner abuse.

Hilo	Silent Witness March/Candlelight Vigil	October 9
4 pm	March	County Building
5 pm	Vigil	Mooheau Bandstand
	Sponsored by Family Crisis Shelter, Inc.	
Kauai	Candlelight Vigil	October 9
5 pm	St. Michael's All Angels Episcopal Church Lihue	
	Sponsored by YWCA, The Shelter	
Kona	Feeding the Homeless Candlelight Vigil	October 24
5 pm	Hale Halawai	
	Sponsored by Family Crisis Shelter, Inc & Wendy's Old Fashioned Hamburgers	
Maui	Candlelight Vigil	October 9
6 pm	Location to be announced	
	Sponsored by Women helping Women	
Oahu	Candlelight Vigil	October 9
7 pm	Central Union Church	
	Sponsored by Women's Concerns Committee	

Other events will be announced at a future date

They may be abruptly placed in a foster home, losing both parents, clothes, toys, friends, and the old, familiar school.¹⁸ Therapeutic goals are to resolve grief at the loss of the parents, rage at the perpetrator, fear of retribution, helplessness, guilt over not having been able to prevent the crime, and adjustment to new parents and a different environment. Those children who were not directly involved in the violence may deal with many of the same issues but are less likely to be identified as needing treatment.

Treatment

Children who have been exposed to significant violence deserve a thorough evaluation. This may take several sessions. Some children will not need further intervention unless they become symptomatic. Children with grief reaction or separation anxiety disorder should be treated appropriately. Behaviorally disordered youngsters are likely to need a behavioral management program coordinated between home and school. Behaviorally disordered children should have a complete evaluation as depression or PTSD can accompany or be the basis for behavioral problems.

Pynoos and Eth have developed an effective, brief therapy format for children with PTSD.¹⁹ After forming a relationship, the therapist encourages the child to draw pictures and make up stories. Inevitably, images of the traumatic events intrude into the child's creative work. The child is encouraged to talk about what happened, the worst moment, who was responsible, and what might have changed the course of events. The child becomes extremely anxious but later feels relieved. The therapist supports the child through the desensitization process, addressing issues of guilt and grief.

Family involvement in therapy is extremely important. The abused parent may suffer from PTSD and be emotionally unavailable to the children. Others may unintentionally feed into children's anxiety. Children are considered recovered when they are no longer hyper-vigilant, can concentrate better at school, have resumed a normal pattern of activity, and are less pessimistic about the future.

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